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GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

MEDICAID-PEACH CARE Banner Notification 6/9/2003: IMPORTANT UPDATE FOR PHARMACY PROVIDERS

Recent audit reports indicate a trend of billing errors with the following drugs. This message is a reminder of how to accurately bill the quantity for each drug. Quantity level limits exist and are currently in place for each drug.

Combivent Inhaler	Limited to 3 inhalers per month	Bill quantity by package size in Grams
Copaxone 20mg Injection	Limited to 1 kit per month	Bill quantity by the number of kits
Rhinocort AQ Inhaler	Limited to 3(120 spray)bottles or 5(60 spray)bottles a month	Bill quantity by package size in Grams
Synagis vials	Limited to 2x 100mg or 1x 50mg per rolling calendar month	Bill quantity by the number of vials

Please share this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. If you have additional questions or concerns regarding this notification, please contact Medicaid Pharmacy Services unit at 404-656-4044.

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As a reminder, EFT payments did not occur on Tuesday 6/3/2003. EFT payments were deposited Thursday 6/5/2003. We are sorry for any inconvenience this may have caused and apologize for the delay in payments. Please be assured we are working diligently to prevent any errors of this type in the future. Thank you.

Please share this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. If you have additional questions or concerns regarding this notification, please contact Medicaid Pharmacy Services unit at 404-656-4044.

DEAR PROVIDER

THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH (DCH) IS SEEKING RECOMMENDATIONS FOR MEMBERSHIP ON THE DRUG UTILIZATION REVIEW BOARD (DURB) TO REPLACE MEMBERS WHOSE TERMS HAVE EXPIRED.

THE DURB WAS ESTABLISHED UNDER THE AUTHORITY OF SECTION 1903 (3) A OF THE OMNIBUS BUDGET RECONCILIATION ACT OF 1990, (OBRA '90). ITS PURPOSE IS TO MAKE RECOMMENDATIONS TO THE DEPARTMENT REGARDING VARIOUS ASPECTS OF THE PHARMACY BENEFIT SERVICES PROVIDED TO MEMBERS OF GEORGIA MEDICAID, STATE HEALTH BENEFIT PLAN AND THE BOARD OF REGENTS HEALTH PLAN. THE DEPARTMENT PROVIDES AN ANNUAL REPORT TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) WHICH DESCRIBES THE YEARLY ACTIVITIES OF THE BOARD.

MEMBERS' DUTIES MAY INCLUDE REVIEWS OF MEDICAL CRITERIA AND STANDARDS AS WELL AS RECOMMENDATIONS FOR EDUCATIONAL INTERVENTION METHODS. THE BOARD GATHERS INFORMATION RELATING TO DRUG THERAPY AND OUTCOME ASSESSMENTS IN ORDER TO IDENTIFY OPPORTUNITIES FOR MORE EFFICIENT DRUG UTILIZATION, IDENTIFY COST-EFFECTIVE THERAPIES AND DECREASE ADVERSE EVENTS WHILE CONSIDERING REGULATORY REQUIREMENTS.

NOMINEES FOR APPOINTMENT TO THE TWENTY-MEMBER BOARD ARE CONSIDERED BASED ON MULTIPLE AREAS OF EXPERTISE AND VARIED PRACTICE SITES INVOLVING THE PRESCRIBING, DISPENSING AND MONITORING OF OUTPATIENT MEDICATIONS. EACH MEMBER IS APPOINTED TO A TWO (2) YEAR TERM, AND IS PAID AN HOURLY RATE PER MEETING ATTENDANCE PLUS ROUND TRIP TRAVEL MILEAGE.

PLEASE FORWARD THE NAMES OF PERSONS THAT YOUR ORGANIZATION WISHES TO RECOMMEND FOR APPOINTMENT, OR YOU MAY NOMINATE YOURSELF. THE DEPARTMENT REQUESTS A BIOGRAPHICAL SKETCH OR CURRICULUM VITAE TO ACCOMPANY EACH NOMINATION, THAT INCLUDES THE NOMINEE'S ADDRESS, TELEPHONE NUMBER AND ANY SPECIAL PROFESSIONAL QUALIFICATIONS.

NOMINATIONS SHOULD BE FAXED TO MS. PATRICIA JETER, MPA, RPH, PHARMACY SERVICES, NO LATER THAN **(JUNE 20, 2003)**, AT **(404)-657-1460**. YOUR ASSISTANCE AND COOPERATION IN THIS MATTER ARE GENUINELY APPRECIATED.

PLEASE SHARE THIS INFORMATION WITH APPROPRIATE STAFF. IF YOU ARE THE CORPORATE OFFICE OF A CHAIN PHARMACY, PLEASE PROVIDE THIS INFORMATION TO EACH OF YOUR STORES LOCATED IN GEORGIA. IF YOU HAVE ADDITIONAL QUESTIONS OR CONCERNS REGARDING THIS NOTIFICATION, PLEASE CONTACT ETTA HAWKINS OR PAT ZEIGLER-JETER AT (404) 656-4044.

SINCERELY,

Georgia Department of Community Health, Division of Medical Assistance